24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Black PAC	C C00609388	
Check if X 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y	
Full Name of Payee Deliver Strategies, LLC	Date of Public Distribution/Dissemination	
	11 01 2018	
Mailing Address PO Box 100970	Amount	
City State Zip Code	4508.62	
Arlington VA 22210-3970	Transaction ID : VTDG0AAX993 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Offic	e Sought: X House District: 25	
Hill, Katherine, L., ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Media Fortitude Partners	11 01 2018	
Mailing Address 30 Newport Pkwy	Amount	
Apt 2110	Amount	
City State Zip Code	10000.00	
Jersey City NJ 07310-1512	Transaction ID: VTDG0AAX951 Date of Disbursement or Obligation	
Purpose of Expenditure Media Buy - Radio Estimate Category/ Type	M = M / D = D / Y = Y = Y	
	e Sought: 🗶 House District:25	
Hill, Katherine, L., ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	14508.62	
	7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shropshire, Adrianne, R., , [Electronically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JIILO	PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Black PAC		C C00609388
Check if X 24-hour report 48-hour report X New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Resonance Campaigns LLC		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 16th St NW Ste 701		Amount
	o Code	20474.69
	0036-5730	Transaction ID : VTDG0AAX969 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	✗ Support Office	Sought: X House District: 02
Luria, Elaine, , ,	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbu 2018	rsement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Resonance Campaigns LLC		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 16th St NW		Amount
Ste 701		Autodik
City State Zip	o Code	96352.24
	0036-5730	Transaction ID: VTDG0AAX977 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	✗ Support Office	Sought: House District:
Nelson, Bill, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	51701.76 Disbu 2018	rrsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	116826.93
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	4 4
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Shropshire, Adrianne, R., , [Electronicals] Signature	lly Filed] Date 1	1 02 2018
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if X 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Resonance Campaigns LLC	Date of Public Distribution/Dissemination
	11 01 2018
Mailing Address 1020 16th St NW	Amount
Ste 701	
City State Zip Code Washington DC 20036-5730	117272.74 Transaction ID: VTDG0AAX985
- Track and the second	Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y
	ce Sought: House District:
Bredesen, Phillip, , ,	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought Dist 2018	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Savvy Communications	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41750 Rancho Las Palmas Dr	
Suite E-3	Amount
City State Zip Code	3007.20
Rancho Mirage CA 92270-5511	Transaction ID: VTDG0AAX9A1 Date of Disbursement or Obligation
Purpose of Expenditure Text Messages - Estimate Category/ Type	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate Support Offic	ce Sought: x House District: <u>06</u>
McBath, Lucia, K., ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Disl 201	oursement For: Primary
	Uniter (specify) F
(a) SUBTOTAL of Itemized Independent Expenditures	120279.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date	11 02 2018
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Black PAC	
	C00609388
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Savvy Communications	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41750 Rancho Las Palmas Dr Amount	
Suite E-3	
City State Zip Code	5025.45
Date of D	on ID: VTDG0AAX9B8 isbursement or Obligation
Purpose of Expenditure Text Messages - Estimate Category/ Type	
Name of Federal Candidate X Support Office Sought:	■ House District:07
Bourdeaux, Carolyn, , , Oppose President	Senate State: GA
Calendar Year-To-Date Disbursement Fo	or: Primary
Per Election for Office Sought 11301.38 2018 Other	(specify) ▶
Full Name of Payee Date of P	Public Distribution/Dissemination
M = N	/ D D / Y Y Y Y
Mailing Address	
Amount	
City State Zip Code	
Date of D	Disbursement or Obligation
Purpose of Expenditure Category/	/ / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	Senate State:
Calendar Year-To-Date Disbursement Fo	or: Primary General
Per Election for Office Sought Other	r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5025.45
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	256640.04
(6) 16 112 1100 10 10 10 10 10 10	256640.94
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
(77) () 11 771 17	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	